

10/748142

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE					
			CLAIMS									
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1						51						
2						52						
3						53						
4						54						
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43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	1											
TOTAL DEP.		1	1	1	1							
TOTAL CLAIMS												